

# OPEN MEETING LAW COMPLAINT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Name of Public Body: \_\_\_\_\_

(i.e., specific board, commission, agency, etc.)

Date of Meeting where Alleged Violation occurred: \_\_\_\_\_

**(Note: A separate form must be completed for each meeting date/alleged violation.)**

Describe Specific Violations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional pages, only if necessary)

DATE SUBMITTED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Complainant)

**Return original form to:**

Office of the Attorney General  
ATTN: OML Coordinator  
100 North Carson Street  
Carson City, Nevada 89701-4717  
Telephone: (775) 684-1100  
Facsimile: (775) 684-1108

**(Fax copies will be accepted followed by original)**